

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: Utility
Title Line One:: PROGRAMMABLE APPLIANCE
Title Line Two:: CONTROLLER
Attorney Docket Number:: 70004-9601-CIP2
Request for
Non-Publication?:: Yes
Suggested Drawing Figure:: 2
Total Drawing Sheets:: 8
Small Entity?:: Yes

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship
Country:: US
Inventor One Given Name:: David
Middle Name:: C.
Family Name:: Nemir
City of Residence:: El Paso
State or Province of
Residence:: Texas
Country of Residence:: US
Street of Mailing Address:: 1221 Baltimore Drive
City of Mailing Address:: El Paso
State or Province of
Mailing Address:: Texas
Country of Mailing Address:: US
Postal or Zip Code of Mailing
Address:: 79902

Applicant Authority Type:: Inventor
Primary Citizenship
Country:: US
Inventor Two Given Name:: Stanley
Middle Name:: S.
Family Name:: Hirsh
City of Residence:: El Paso
State or Province of
Residence:: Texas
Country of Residence:: US
Street of Mailing Address:: 825 Cloudburst Drive
City of Mailing Address:: El Paso

State or Province of Mailing Address:: Texas
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 79912

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Inventor Three Given Name:: Jan
Family Name:: Beck
City of Residence:: El Paso
State or Province of Residence:: Texas
Country of Residence:: US
Street of Mailing Address:: 2506 N. Campbell
City of Mailing Address:: El Paso
State or Province of Mailing Address:: Texas
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 79902

CORRESPONDENCE INFORMATION

Correspondence Customer No.:: 005179
Phone Number:: (505) 998-1500
Fax Number:: (505) 243-2542
E-Mail Address:: jmyers@peacocklaw.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 005179

DOMESTIC PRIORITY INFORMATION

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | An application Claiming the Benefit Under 35 USC 119(e) | 60/160,275 | 10/19/1999 |
| | Continuation-in-part of | 09/692,892 | 10/19/2000 |

ASSIGNEE INFORMATION

| | |
|---|-------------------|
| Assignee Name:: | X-L Synergy |
| Street of Mailing Address:: | 2000 Wyoming Ave. |
| City of Mailing Address:: | El Paso |
| State or Province of Mailing Address: | Texas |
| Country of Mailing Address:: | US |
| Postal or Zip Code of Mailing Address:: | 79903 |